



NESHAP NOTIFICATION
FOR RENOVATION AND DEMOLITION ACTIVITIES
National Emission Standards for Hazardous Air Pollutants (NESHAP)
MARICOPA COUNTY AIR QUALITY, ARIZONA

THIS LINE FOR NESHAP				U.S. Postmark	Comm Del Serv	Other Del Service	NOTIFICATION NUMBER #:												
REGULATORY AGENCY USE ONLY:				Date:	Date:	Date:													
1. TYPE OF NOTIFICATION:		<input type="checkbox"/> Original		<input type="checkbox"/> Revision 1		<input type="checkbox"/> Revision 2		<input type="checkbox"/> Revision 3		<input type="checkbox"/> Revision __		<input type="checkbox"/> Courtesy		<input type="checkbox"/> Cancel					
2. FACILITY OWNER INFORMATION:				Name of Company/Individual:															
Address:										City/Community:									
State:		Zip:		Owner/Rep Name:				Phone: ()		E-mail:									
2b. ASBESTOS REMOVAL CONTRACTOR/OPERATOR:				Address:															
City:		Zip:		Contact Name:		Phone: ()		E-mail:											
						ROC #													
2c. DEMOLITION CONTRACTOR/OPERATOR:				Address:															
City:		Zip:		Contact Name:		Phone: ()		E-mail:											
						ROC#													
3. TYPE OF OPERATION:		<input type="checkbox"/> Renovation		<input type="checkbox"/> Emergency Renovation		<input type="checkbox"/> Demolition		<input type="checkbox"/> Ordered Demolition		<input type="checkbox"/> O&M									
4. DATE OF INSPECTION OF FACILITY OR AFFECTED PART BY AHERA CERTIFIED BUILDING INSPECTOR:										Enter Date Here									
5. FACILITY DESCRIPTION:				Address:															
				City:		State:		AZ		County:		Maricopa		ZIP:					
Nearest Major Intersection:				Parcel Number:															
Building Size Floor Area (Sq.Ft.):				Number of Floors Affected:				Age of Facility:											
Fee Paid:		\$		Check #:		Present Use:		Prior Use:											
6. PROCEDURE, INCLUDING ANALYTICAL METHODS, EMPLOYED TO DETECT THE PRESENCE OF RACM AND CATEGORY I AND																			
CATEGORY II NONFRIABLE ACM:				<input type="checkbox"/> Polarized Light Microscopy (PLM)				Other:											
NVLAP Laboratory Name:				# of Samples:				Date Analyzed:											
7. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING: * NOTE: Update notice when amount changes \geq 20% RACM = Regulated Asbestos-Containing Material As defined in 40 CFR 61, Subpart M, § 61.141				Amount of RACM to be Removed or Generated*		Amount of Nonfriable ACM													
						To Be Removed				Not To Be Removed									
						CAT I		CAT II		CAT I		CAT II							
ON FACILITY COMPONENTS: Pipes (Linear Feet)																			
ON FACILITY COMPONENTS: Surface Area (Square Feet)																			
ON FACILITY COMPONENTS: Volume (Cubic Feet)																			
8. SCHEDULED DATES FOR ASBESTOS REMOVAL (mm/dd/yy):						Start Date:				*Completion Date:									
Days Worked (Circle):		M T W TH F Sat Sun				Day Shift Hours:				Evening Shift Hours:									
9. SCHEDULED DATES FOR DEMOLITION (mm/dd/yy):						Start Date:				*Completion Date:									
Days Worked (Circle):		M T W TH F Sat Sun				Day Shift Hours:				Evening Shift Hours:									
Maricopa County Air Quality NESHAP Coordinator: (602) 506-6708 / 506-0421 Mail/Deliver to: MCAQD 501 N. 44 th St., Suite 200 Phoenix, AZ 85008 (602) 506-0420				Copy of Notification to: AZ Division of Occupational Safety & Health 800 W. Washington St. Phoenix, AZ 85007 (602) 542-5797				No fee for nonfriable CAT I and CAT II ACM removal or RACM removal below threshold amounts. Courtesy notification requested. MCAQD Asbestos website: www.maricopa.gov/aq Click on 'Asbestos/NESHAP' link on left				Fee required for RACM removal at or above: 260 Linear Feet 160 Square Feet 35 Cubic Feet Fee Schedule: Rule 280, Sec. 313.1				Demolition fee required for all NESHAP facilities. One single family residence is exempt. Two or more are regulated. Fee Schedule: Rule 280, Sec. 313.2			
<ul style="list-style-type: none">When both Renovation and Demolition are noted on one application, check both boxes and complete both sections 2b and 2c. If only Renovation is to be conducted, then complete only 2b; if only Demolition is to be conducted, then complete only 2c only.																			

10. DESCRIPTION OF PLANNED DEMOLITION/RENOVATION WORK:					
<input type="checkbox"/> TSI		<input type="checkbox"/> Ceiling Texture		<input type="checkbox"/> Duct/Seam Tape	
<input type="checkbox"/> A/C Pipe		<input type="checkbox"/> A/C Siding/Shingles		<input type="checkbox"/> VAT/Mastic	
Other, Please Specify: _____					
REMOVAL METHODS:		<input type="checkbox"/> Hand/Non-Mechanical Tools		<input type="checkbox"/> Mechanical/Power Tools	
				<input type="checkbox"/> Mastic Solvents	
11. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT ASBESTOS EMISSIONS:					
<input type="checkbox"/> Adequately Wet		<input type="checkbox"/> Full Containment		<input type="checkbox"/> Critical Barriers/Negative Air	
<input type="checkbox"/> Glove-Bag		<input type="checkbox"/> Leak-Tight Wrap		<input type="checkbox"/> 6-Mil Bags	
<input type="checkbox"/> Other, please specify: _____					
12a. ASBESTOS WASTE TRANSPORTER #1:					
Company Name:					
Address:					
City:		State:		ZIP:	
Contact Person:				Telephone:	
12b. ASBESTOS WASTE TRANSPORTER #2:					
Company Name:					
Address:					
City:		State:		ZIP:	
Contact Person:				Telephone:	
13. ASBESTOS WASTE DISPOSAL SITE:					
Company Name:					
Address:					
City:		State:		ZIP:	
Contact Person:				Telephone:	
14. FOR ORDERED DEMOLITIONS (40 CFR 61, §61.145(a)(3)), ATTACH A COPY OF THE AGENCY'S ORDERED DEMOLITION LETTER					
Name:		Title:			
State or Local Government Agency:			Authority:		
Date of Order (mm/dd/yy):		Date Demolition Order to Begin (mm/dd/yy):			
15. FOR EMERGENCY RENOVATIONS (40 CFR 61, §61.145(a)(4)(iv))					
Date and Hour of Emergency (mm/dd/yy – hh:mm):					
Description of Sudden, Unexpected Event:					
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:					
16. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED RACM IS FOUND OR CATEGORY II NONFRIABLE ACM BECOMES CRUMPLED, PULVERIZED, OR REDUCED TO POWDER:					
<input type="checkbox"/> Stop Work		<input type="checkbox"/> Notify Owner		<input type="checkbox"/> Revise Notification	
				<input type="checkbox"/> Follow 40 CFR 61, §61.145(c) Procedures	
17. I CERTIFY THAT AT LEAST ONE AHERA CERTIFIED CONTRACTOR/SUPERVISOR WILL SUPERVISE THE STRIPPING AND REMOVAL OF RACM DESCRIBED IN THIS NOTIFICATION AND THAT THE TRAINING CERTIFICATE WILL BE POSTED ON-SITE.					
_____ (Print Name of Owner/Operator)		_____ (Title)		_____ (Signature of Owner/Operator)	
				_____ (Date)	
18. CERTIFICATION OF INSPECTION BY AN AHERA CERTIFIED ASBESTOS BUILDING INSPECTOR (ALL areas of Arizona):					
_____ (Print Name of Inspector)		_____ (Training Provider)		_____ (AHERA Certificate Number)	
				_____ (Expiration Date)	
19. I CERTIFY THAT ALL THE ABOVE INFORMATION IS CORRECT:					
_____ (Print Name of Owner/Operator)		_____ (Title)		_____ (Signature of Owner/Operator)	
				_____ (Date)	